

NDI-FCL Calculator Samples

- When an employee chooses to use FCL on their scheduled work days, regular days off, and holidays, they will receive more NDI pay, use more FCL days, and use less leave credits to reach their desired supplementation level compared to examples 2, 3, and 4.

The employee chooses to claim FCL 11/11-11/30 including their regular days off and the holidays and is supplementing 75%.

Enter Employee Information																																																																																																																																																																																										
<div> <div>1. 123 000 1234 001</div> <div>2. Agency Unit Class Serial</div> </div>																																																																																																																																																																																										
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<div> <div>Employee Name:</div> <div>Employee Social:</div> <div>CBID:</div> <div>Pay Period: Nov-2019</div> <div>Number of Approved NDI Calendar Days: 20</div> <div>Monthly Salary Rate for NDI (not actual): \$6,390.00</div> <div>Monthly Salary Rate for Supplementation Pay: \$6,390.00</div> <div>Dock Hours: 0.00</div> <div>Regular Pay Hours POSSIBLE During NDI: 120.00</div> <div>Number of Days in Pay Period: 22</div> <div>Hours Worked DURING NDI: 24.00</div> <div>Work & Holiday Hours BEFORE/AFTER NDI: 56.00</div> <div>Time Base: 1</div> <div>Alternate Work Week: N/A</div> <div>Supplementation Perc.: 75%</div> <div>NDI - FCL: Yes</div> </div>																																																																																																																																																																																										
<div> <div>Go to Results</div> <div>Go to 674D</div> <div>Clear Form</div> </div>																																																																																																																																																																																										

Instructions:

In the Calendar Section:

- Click the NDI cell or click & drag to populate NDI days.
- Enter hours that were worked, and/or dock ours.

In the Employee Information Section:

- Complete all peach-colored cells (grey cells are protected and cannot be changed).
- Click "Go to Results"
- Click "Clear Form" button before entering data for a new calculation.

Note: Upon clearing, pay period defaults to current pay period.

75% SUPPLEMENTATION	
1	
3	Pay Period: November-2019
4	Days In Pay Period: 22
5	Hours In Pay Period: 176
6	NDI Days Approved For Pay Period: 20
7	Reduced Monthly Gross (Due To Dock Time): \$6,390.00
8	Monthly Salary Rate For NDI (Per Timebase): \$6,390.00
9	Supp. To Salary (100%): \$4,356.82
10	Supp. To Salary (75%): \$3,267.62
11	Monthly Salary Rate For Regular Pay: \$6,390.00
12	
13	Average Hourly NDI Rate: \$36.87
14	Monthly NDI Benefit (50%): \$2,106.85
15	
16	Regular Pay Gross During NDI Period (Includes Holidays): \$871.36
17	Regular Pay Gross Outside NDI Period (Includes Holidays): \$2,033.18
18	Total Regular Pay Gross For Pay Period: \$2,904.54
19	Regular & NDI Pay Exceed Gross Pay By: \$218.89
20	Reduced Monthly NDI Benefit (50%): \$1,887.96
21	
22	Supplementation Amount: \$289.41
23	Total Gross For Pay Period: \$5,300.80
24	Amount Exceeding Normal Monthly Salary: \$0.00
25	Reduced Monthly NDI Benefit (50%): N/A
26	Reduced Supplementation Amount: N/A
27	Hourly Rate For Supplementation: \$36.31
28	Total Hours Needed To Supplement: 8
29	Days Needed To Supplement: 1.0
30	Hours Needed To Supplement: 0.0
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32	GO BACK TO ENTER EMPLOYEE INFORMATION
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34	<div>Go to 674D</div>
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STATE OF CALIFORNIA - CONTROLLERS OFFICE		INDUSTRIAL NON-INDUSTRIAL DISABILITY STATE DISABILITY PAY ADJUSTMENT REQUEST		DOCUMENT NUMBER _____ OF _____	
1. AGENCY: 123 000 1234 001		2. SOCIAL SECURITY NUMBER: 000-00-0000		3. F.I. LAST NAME: -	
4. POSITION NUMBER: 1 123 000 1234 001		5. PAY PERIOD: 11/2019		6. ENTER NUMBER OF HOURS AND CODE	
7. NDI - FCL: YES		8. PAYMENT PER CONTROLLER		9. ADDITIONAL INFORMATION	
10. EMPLOYEE SUPPLEMENTING UP TO 75% LEVEL		11. PAYMENT SHOULD BE		12. AUTHORIZED SIGNATURE	
13. CONTACT PERSON (If other than authorized signature)		14. STATE DISABILITY INSURANCE (SDI)		15. EMPLOYEE ELECTED SUPPLEMENTATION	
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- The employee chooses to claim FCL 11/11-11/30 including the holidays but not their regular days off and is supplementing 75%.

75% SUPPLEMENTATION	
3	Pay Period: November-2019
4	Days In Pay Period: 22
5	Hours In Pay Period: 176
6	NDI Days Approved For Pay Period: 15
7	Reduced Monthly Gross (Due To Dock Time): \$6,390.00
8	Monthly Salary Rate For NDI (Per Timebase): \$6,390.00
9	Supp. To Salary (100%): \$4,356.82
10	Supp. To Salary (75%): \$3,267.62
11	Monthly Salary Rate For Regular Pay: \$6,390.00
12	
13	Average Hourly NDI Rate: \$36.87
14	Monthly NDI Benefit (50%): \$1,580.14
15	
16	Regular Pay Gross During NDI Period (Includes Holidays): \$871.36
17	Regular Pay Gross Outside NDI Period (Includes Holidays): \$2,033.18
18	Total Regular Pay Gross For Pay Period: \$2,904.54
19	Regular & NDI Pay Exceed Gross Pay By: \$0.00
20	Reduced Monthly NDI Benefit (50%): N/A
21	
22	Supplementation Amount: \$816.12
23	Total Gross For Pay Period: \$5,300.80
24	Amount Exceeding Normal Monthly Salary: \$0.00
25	Reduced Monthly NDI Benefit (50%): N/A
26	Reduced Supplementation Amount: N/A
27	Hourly Rate For Supplementation: \$36.31
28	Total Hours Needed To Supplement: 22
29	Days Needed To Supplement: 2.0
30	Hours Needed To Supplement: 6.0
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32	GO BACK TO ENTER EMPLOYEE INFORMATION
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1 STATE OF CALIFORNIA - CONTROLLERS OFFICE															2 INDUSTRIAL/NON-INDUSTRIAL DISABILITY STATE DISABILITY PAY/ADJUSTMENT REQUEST															3 STD 6740 (REV 9/2019)															DOCUMENT NUMBER _____ OF _____														
TO: STATE CONTROLLER - PPSS/ DISABILITY UNIT															4. POSITION NUMBER																																												
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1 **CBD** 2. **SOCIAL SECURITY NUMBER** 3. **F.A.** **M.L.** **LAST NAME**

9 0 000-00-0000 -

10 **5. PAY PERIOD** 11 **ENTER NUMBER OF HOURS AND CODE** 12 Interim activity/working while on Disability (I) or on leave used; C-Industrial Disability (IL); L-Lock during the regular period of pay; F-Full(DOL)

13 Please complete if employee is on alternate work schedule before, during, and after Disability.

T	W	TH	FR	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
11	2019																						
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16 **7. INDUSTRIAL DISABILITY (IDL)**

17 a. **EMPLOYEE ON IDL** FROM: THROUGH:

18

19 ☐ **EMPLOYEE ENTITLED TO ENHANCED IDL**

20 **AVERAGE HOURS COMPUTED**

21 **FOR INTERMITTENT EMPLOYEE**

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11. **ADDITIONAL INFORMATION**

EMPLOYEE SUPPLEMENTING UP TO 75% LEVEL.

I hereby certify that the employee named above is entitled to this pay based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this STD 6740, the employee was given a reasonable time to respond.

12. **AUTHORIZED SIGNATURE** **DATE SIGNED**

13. **CONTACT PERSON** (If other than authorized signature)

INTRO ENTER 100% 100% & Sal Chg 75% 75% & Sal Chg 50% **6740**

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3. When an employee chooses to use FCL on their scheduled work days and regular days off but not the holidays, they will receive less NDI pay, use less FCL days, and use more leave credits to reach desired supplementation level compared to example 1.

The employee chooses to claim FCL 11/11-11/30 including their regular days off but not on the holidays and is supplementing 75%.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
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4. When an employee chooses to use FCL on their scheduled work days but not on their regular days off or the holidays, they will receive less NDI pay, use less FCL days, and use more leave credits to reach desired supplementation level compared to example 1.

The employee chooses to claim FCL 11/11-11/30 and does not include the holidays or their regular days off and is supplementing 75%.

Enter Employee Information

	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
NDI													Y	Y	Y	Y			Y	Y	Y	Y				Y	Y	Y			
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AWW Offset																															
Dock																															

Employee Name:

Employee Social:

CBID:

Pay Period:

Number of Approved NDI Calendar Days:

Monthly Salary Rate for NDI (not actual):

Monthly Salary Rate for Supplementation Pay:

Dock Hours:

Regular Pay Hours POSSIBLE During NDI:

Number of Days in Pay Period:

Hours Worked DURING NDI:

Work & Holiday Hours BEFORE/AFTER NDI:

Time Base:

Alternate Work Week:

Supplementation Perc.:

NDI - FCL:

Instructions:

In the Calendar Section:

1. Click the NDI cell or click & drag to populate NDI days.
2. Enter hours that were worked, and/or dock hours.

In the Employee Information Section:

3. Complete all peach-colored cells (grey cells are protected and cannot be changed)
4. Click "Go to Results"
5. Click "Clear Form" button before entering data for a new calculation.

Note: Upon clearing, pay period defaults to current pay period.

Go to Results Go to 674D Clear Form

75% SUPPLEMENTATION

1	Pay Period:	November-2019
3	Days In Pay Period:	22
5	Hours In Pay Period:	176
6	NDI Days Approved For Pay Period:	12
7	Reduced Monthly Gross (Due To Dock Time):	\$6,390.00
8	Monthly Salary Rate For NDI (Per Timebase):	\$6,390.00
9	Supp. To Salary (100%):	\$3,485.45
10	Supp. To Salary (75%):	\$2,614.09
11	Monthly Salary Rate For Regular Pay:	\$6,390.00
13	Average Hourly NDI Rate:	\$36.87
14	Monthly NDI Benefit (50%):	\$1,264.11
16	Regular Pay Gross During NDI Period (Includes Holidays):	\$0.00
17	Regular Pay Gross Outside NDI Period (Includes Holidays):	\$2,904.55
18	Total Regular Pay Gross For Pay Period:	\$2,904.55
19	Regular & NDI Pay Exceed Gross Pay By:	\$0.00
20	Reduced Monthly NDI Benefit (50%):	N/A
22	Supplementation Amount:	\$1,349.98
23	Total Gross For Pay Period:	\$5,518.64
24	Amount Exceeding Normal Monthly Salary:	\$0.00
25	Reduced Monthly NDI Benefit (50%):	N/A
26	Reduced Supplementation Amount:	N/A
27	Hourly Rate For Supplementation:	\$36.31
28	Total Hours Needed To Supplement:	37
29	Days Needed To Supplement:	4.0
30	Hours Needed To Supplement:	5.0

[Go Back To Enter Employee Information](#)

Go to 674D

STATE OF CALIFORNIA - CONTROLLER'S OFFICE
INDUSTRIAL/NON-INDUSTRIAL DISABILITY STATE DISABILITY PAY/ADJUSTMENT REQUEST
STD 674D (REV. 9/2019)

TO: STATE CONTROLLER - FPSD / DISABILITY UNIT

DOCUMENT NUMBER _____ OF _____

4. POSITION NUMBER

AGENCY	UNIT	CLASS	SERIAL
1. 123	000	1234	001
2.			

1. CBID: 0 2. SOCIAL SECURITY NUMBER: 000-00-0000 3. F.I. M.I. LAST NAME: -

5. PAY PERIOD: 11 2019 6. ENTER NUMBER OF HOURS AND CODE: 12 12

7. INDUSTRIAL DISABILITY (IDL) 8. EMPLOYEE ON IDL FROM: THROUGH: 9. PAYMENT PER CONTROLLER

10. PAYMENT SHOULD BE

TYPE	PT	DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	10	0	1
SUPPLEMENTAL	4	5.00	1	
NDI	T	12	1	
IDL FULL	6			
IDL 2/3	N			
IDL 1/3	U			
SHIFT				
SHIFT CODE				
HOURS				
SHIFT RATE				
REGULAR	2			

11. ADDITIONAL INFORMATION

EMPLOYEE SUPPLEMENTING UP TO 75% LEVEL

I hereby certify that the employee named above is entitled to this pay based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this STD 674D, the employee was given a reasonable time to respond.

12. AUTHORIZED SIGNATURE DATE SIGNED

13. CONTACT PERSON (If other than authorized signature)

Go to 674D